

**2003**

**WORKERS' COMPENSATION**

**TRUST SELF-INSURANCE**

**ANNUAL REPORTING**



DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

DIVISION OF WORKERS' COMPENSATION

**SELF-INSURANCE**

# MEMORANDUM

**TO:** Self-Insurance Trust Administrators

**FROM:** **Paula Hinshaw**  
Self-Insurance Financial Analyst II

**DATE:** **January 14, 2004**

**SUBJECT:** 2003 Annual Report for Self-Insured Trusts

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In keeping with the Rules Governing Self-Insurers 8 CSR 50-3.010 (6)(A), please complete the enclosed 2003 annual report packet for Self-Insured Trusts. All trusts, active and terminated, must complete this report as long as there are active claims.

These forms, and all Division forms, are now on our web site at [www.dolir.mo.gov/wc](http://www.dolir.mo.gov/wc)

Please complete the packet and submit to the Division of Workers' Compensation, P.O. Box 58, Jefferson City, Missouri 65102. This packet must be returned to our office by April 30, 2004. Additionally note that the Rules Governing Self-Insurers 8 CSR 50-3.010 (6)(A)1 require trusts to file *annual financial reports* within one hundred twenty (120) days after the close of the trust's fiscal year.

The Division continues to conduct audits relating to safety, claims and any other audits deemed necessary and appropriate by the Division as provided in 8 CSR 50-3.010(9)(A).

The Division has enjoyed working with you during the past year and we look forward to continued success for the upcoming year. Should you have any questions, or need any assistance regarding the above information, please contact us.

Paula Hinshaw  
573-526-6021  
[Paula.Hinshaw@dolir.mo.gov](mailto:Paula.Hinshaw@dolir.mo.gov)

Enclosures

# GENERAL INFORMATION

## 1. TRUST

Name of Trust	
Address	
City, State, Zip Code	
Type of Trust:      Homogeneous (Type)	Association

## 2. SPONSORING ASSOCIATION (IF APPLICABLE)

Name of Sponsoring Association	
Address	
City, State, Zip Code	

## 3. PLAN ADMINISTRATOR

Name of Plan Administrator		
Contact Name	E-mail	
Address		
City, State, Zip Code	Telephone Number	
Location of Books & Claim Records		

## 4. CLAIMS ADMINISTRATOR

Name of Claims Administrator		
Contact Name	E-mail	
Address		
City, State, Zip Code	Telephone Number	

## 5. ACTUARIAL INFORMATION

Name of Claims Administrator		
Contact Name	E-mail	
Address		
City, State, Zip Code	Telephone Number	

## 6. CERTIFIED PUBLIC ACCOUNTANT INFORMATION

Name of Claims Administrator		
Contact Name	E-mail	
Address		
City, State, Zip Code	Telephone Number	

# TRUSTEE INFORMATION

## BOARD OF TRUSTEES

<b>Chairman</b>	
Address	
City, State, Zip Code	Telephone Number

<b>Vice Chairman</b>	
Address	
City, State, Zip Code	Telephone Number

<b>Treasurer</b>	
Address	
City, State, Zip Code	Telephone Number

<b>Secretary</b>	
Address	
City, State, Zip Code	Telephone Number

## OTHER TRUSTEES

Trustee Name
Trustee Name
Trustee Name
Trustee Name
Trustee Name

# HISTORICAL DATA

## 1. FINANCIAL INFORMATION

As of 12-31-2003

Earned Annual Premium	
Claims Paid	
Claims Reserves	
Incurred But Not Reported (IBNR)	
Total Administrative Expenses Including Taxes	
Level of Surplus	

## 2. MISCELLANEOUS INFORMATION

As of 12-31-2003

Total Number of Current Members in the Trust	
Total Number of Current Employees in the Fund	
Average Monthly Payroll	
**Loss Ratio	
Administrative Expense Ratio	
Estimated Premium if Insured on Open Market	
***Federal Employers Identification Number (FEIN)	

\* Earned Annual Premium (EAP) – EAP is computed by applying the appropriate payroll code classification rates to the trust member's annual payroll and multiplying the results by the experience modification factors of the trust members as developed by the advisory organization approved by the Department of Insurance and including any other discounts and surcharges.

\*\* Loss Ratio – Total sum of claims paid and claims reserves and dividing the results by earned annual premium.

\*\*\* Federal Employer Identification Number (FEIN) – If your trust has not obtained a FEIN, please state "n/a".

# INVESTMENTS

The Rules Governing Self-Insurers 8 CSR 50-3.010 (7)(B) limit the type of investment activity for self-insured trusts to: United States treasury bills, notes or bonds, certificates of deposit issued by a duly chartered commercial bank, or a transaction account of the designated depository. Please complete the following investment schedule:

## INVESTMENT SCHEDULE

Investment Type	Purchase Price	Current Fair Market Value
U.S. Treasury Bills		
U.S. Treasury Bonds		
U.S. Notes		
Certificates of Deposits		
Total		

Upon Division approval, regulation (7)(D) permits 25% of surplus moneys from a prior trust year to be invested in securities designated by the Office of State Treasurer as acceptable collateral to secure state deposits pursuant to section 30.270.1, RSMo. Please complete the following investment schedule if your trust has invested in any securities not listed above.

## INVESTMENT SCHEDULE

Investment Type	Purchase Price	Current Fair Market Value
Total		

*You may attach an additional sheet if necessary.*

## CLAIM DEVELOPMENT REPORT

### CUMULATIVE PAID CLAIMS AND ALLOCATED EXPENSES AT YEAR END

Years in which claims were incurred	As of 12/31/1993	As of 12/31/1994	As of 12/31/1995	As of 12/31/1996	As of 12/31/1997	As of 12/31/1998	As of 12/31/1999	As of 12/31/2000	As of 12/31/2001	As of 12/31/2002	As of 12/31/2003
Prior to 1994											
1994	X										
1995	X	X									
1996	X	X	X								
1997	X	X	X	X							
1998	X	X	X	X	X						
1999	X	X	X	X	X	X					
2000	X	X	X	X	X	X	X				
2001	X	X	X	X	X	X	X	X			
2002	X	X	X	X	X	X	X	X	X		
2003	X	X	X	X	X	X	X	X	X	X	
Total all years											

### CUMULATIVE RESERVES AT YEAR END

Years in which claims were incurred	As of 12/31/1993	As of 12/31/1994	As of 12/31/1995	As of 12/31/1996	As of 12/31/1997	As of 12/31/1998	As of 12/31/1999	As of 12/31/2000	As of 12/31/2001	As of 12/31/2002	As of 12/31/2003
Prior to 1994											
1994	X										
1995	X	X									
1996	X	X	X								
1997	X	X	X	X							
1998	X	X	X	X	X						
1999	X	X	X	X	X	X					
2000	X	X	X	X	X	X	X				
2001	X	X	X	X	X	X	X	X			
2002	X	X	X	X	X	X	X	X	X		
2003	X	X	X	X	X	X	X	X	X	X	
Total all years											

## **INCURRED BUT NOT REPORTED (IBNR) AND SURPLUS REPORT**

### **CUMULATIVE IBNR AT YEAR END**

Years in which claims were incurred	As of 12/31/1993	As of 12/31/1994	As of 12/31/1995	As of 12/31/1996	As of 12/31/1997	As of 12/31/1998	As of 12/31/1999	As of 12/31/2000	As of 12/31/2001	As of 12/31/2002	As of 12/31/2003
Prior to 1994											
1994	X										
1995	X	X									
1996	X	X	X								
1997	X	X	X	X							
1998	X	X	X	X	X						
1999	X	X	X	X	X	X					
2000	X	X	X	X	X	X	X				
2001	X	X	X	X	X	X	X	X			
2002	X	X	X	X	X	X	X	X	X		
2003	X	X	X	X	X	X	X	X	X	X	
Total all years											

### **CUMULATIVE SURPLUS AT YEAR END**

Years in which claims were incurred	As of 12/31/1993	As of 12/31/1994	As of 12/31/1995	As of 12/31/1996	As of 12/31/1997	As of 12/31/1998	As of 12/31/1999	As of 12/31/2000	As of 12/31/2001	As of 12/31/2002	As of 12/31/2003
Prior to 1994											
1994	X										
1995	X	X									
1996	X	X	X								
1997	X	X	X	X							
1998	X	X	X	X	X						
1999	X	X	X	X	X	X					
2000	X	X	X	X	X	X	X				
2001	X	X	X	X	X	X	X	X			
2002	X	X	X	X	X	X	X	X	X		
2003	X	X	X	X	X	X	X	X	X	X	
Total all years											